

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) **RECEIVED**

OCT 2 4 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partnersh	ip, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	()(Fax	e-mail	
III. This statement covers: (Choo reportable expense transactions v			y file a separate repor
		the reporting date relative to the	a fallowing client
bmercian Cl	ne mistru		e following chefit.
(Full Name	of Client as it appears on the L	obbyist Registration Form)	
<u>OR</u>		,,	
☐ All reportable transactions by thunrelated to any particular client.	e lobbyist (including the lo	bbyist's family), or the lobbying	firm listed below which
IV. Date of Report April 26, 2017		July 26, 2017 📙	
	f registration to 3/31/17	activity from 4/1/17 to 6/30/17	
October 2 activity from	5, 2017 V 1/1/17 to 9/30/17	January 31, 2018 ☐ activity from 10/1/17 to 12/31/	717
V. There have been no fees realf this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports a	re attached:		
☐ If you have received fees or ma	de expenditures, you must	file Addendum A-Fees and Ex	penses
If you have paid an honorariun Expense Reimbursement	or reimbursed expenses, y	ou must file Addendum B— Rep	ort of Honorariums or
If you, your firm, or your famil	y has made political contri	butions, you must file Addendu	m C– Political Contribu
Sworn Statement/Affirmation by	Lobbyist		
I have read RSA 15, RSA 15-B, RS and complete to the best of my kno		hereby swear or affirm that the f	oregoing information is
Marbarel	7.00240n	10/23/ <u>[]</u>	۹)
(Signature of lobbyist)	Aximin 1	(Dat	<i>c)</i>
(Print Name of lobbyist)	MILLI		